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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/032,214	
	Filing Date	December 20, 2001	
	First Named Inventor	Juha Punnonen	
	Group Art Unit	1644	
	Examiner Name	Illa Ouspenski	
Total Number of Pages in This Submission	7	Attorney Docket Number	169.410US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Facsimile Transmittal Cover Sheet (1 p.) Form PTO/SB/08A-B (1 p.)
Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0990 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Joanne R. Petithory, Reg. No. 42,995
Signature	
Date	December 21, 2005

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PTO/SB/7 (12-04v2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 310.00**Complete if Known**

Application Number	10/032,214
Filing Date	December 20, 2001
First Named Inventor	Juha Punnonen
Examiner Name	Iliia I. Ouspenski
Art Unit	1644
Attorney Docket No.	0169.410US

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CENTRAL FAX CENTER**DEC 21 2005****METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-0990 Deposit Account Name: Maxygen, Inc.

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☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP =	x	=
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP =	x	=
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge), Information Disclosure Statement and Terminal Disclaimer

Fees Paid (\$)

310.00

SUBMITTED BY

Signature	<i>Joanne R. Petithory</i>	Registration No. 42,995 (Attorney/Agent)	Telephone (550) 298-5300
Name (Print/Type)	Joanne R. Petithory	Date	Dec. 21, 2005

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Date: December 21, 2005

Attorney Docket No. 0169.410US

USPTO FAX NO.: 571-273-8300

ATTENTION: Examiner Ilia Ouspenski
TELEPHONE NUMBER: 571-272-2920
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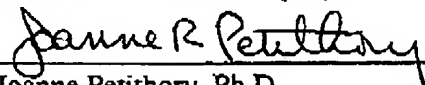
I hereby certify that the following documents in re Application of Juha Punnonen et al., Application No. 10/032,214, filed December 20, 2001, entitled NOVEL CO-STIMULATORY MOLECULES, are being facsimile transmitted to Group 1644 of the US Patent and Trademark Office to USPTO facsimile number 571-273-8300 on the date shown below:

Documents Attached

1. Transmittal Form by facsimile (1 page)
2. Supplemental Information Disclosure Statement (2 pages)
3. Form PTO/SB/08A-B (1 page)
4. Terminal Disclaimer (1 page)
5. Fee Transmittal Form (1 page)

Number of pages being transmitted, including this page: **7 pages**

Dated: December 21, 2005


Joanne Petithory, Ph.D.
Reg. No. 42,995

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